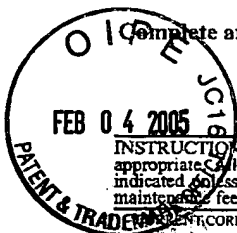


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated on this form or as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

33432 7590 11/24/2004

KILYK & BOWERSOX, P.L.L.C.

53 A EAST LEE STREET

WARRENTON, VA 20186

02/07/2005 SSITHIB2 00000031 10722042

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 15.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kim Blum (Depositor's name)
 Kim Blum (Signature)
 February 4, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/722,042	11/24/2003	Hwang-Hsing Chen	2117 (3010-007-01)	8329

TITLE OF INVENTION: PYRANOINDAZOLES AND THEIR USE FOR THE TREATMENT OF GLAUCOMA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$1670 \$1700	02/24/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
POWERS, FIONA	1626	514-403000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kilyk & Bowersox,
 P.L.L.C.

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Alcon, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hünenberg, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge any deficiencies Deposit Account Number 50-0925 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date February 4, 2005

Typed or printed name Luke A. Kilyk

Registration No. 33,251

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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LAW OFFICES

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Of Counsel:
WILLIAM CHARLES JAMISON

*Admitted only in states indicated

PLEASE DIRECT CORRESPONDENCE TO OUR WARRENTON OFFICE

FACSIMILE TRANSMISSION COVER SHEET

DATE: February 4, 2005

TO: Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/722,042
For: PYRANOINDAZOLES AND THEIR USE FOR THE
TREATMENT OF GLAUCOMA
Our Ref: 3010-007-01

FROM: Luke A. Kilyk, Esq. *LAK*

FAC. TEL. NO.: 1-703-746-4000

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

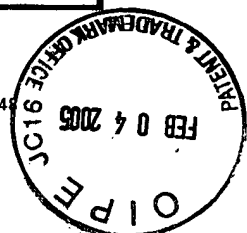
Items Attached: Issue Fee Transmittal -- 1 page
Fee Transmittal -- 1 page
Credit Card Payment Form -- 1 page

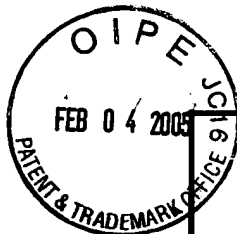
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Kim Blum
Name (Print)

Kim Blum
Signature

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,715.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account
 Deposit Account Number: 50-0925
 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1011	300	2011 150 Utility filing fee	
		1012	200	2012 100 Design filing fee	
		1013	200	2013 100 Plant filing fee	
		1014	300	2014 150 Reissue filing fee	
		1005	200	2005 100 Provisional filing fee	

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

 Total Claims: -20** = ☐ X
 Independent Claims: -3** = ☐ X
 Multiple Dependent: ☐ X

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	20	2202 25 Claims in excess of 20	
		1201	200	2201 100 Independent claims in excess of 3	
		1203	350	2203 180 Multiple dependent claim, if not paid	
		1204	200	2204 100 **Reissue independent claims over original patent	
		1205	50	2205 25 ***Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0.00)

** or number previously paid, if greater; For Reissues, see above

Complete if Known

 Application Number: 10/722,042
 Filing Date: November 24, 2003
 First Named Inventor: CHEN et al.
 Examiner Name: Fiona Powers
 Art Unit: 1626
 Attorney Docket No.: 3010-007-01

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1051	130	2051	65	Surcharge – late filing fee or oath		
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	120	2251	60	Extension for reply within first month		
1252	450	2252	225	Extension for reply within second month		
1253	1020	2253	510	Extension for reply within third month		
1254	1590	2254	795	Extension for reply within fourth month		
1255	2160	2255	1080	Extension for reply within fifth month		
1401	500	2401	250	Notice of Appeal		
1402	500	2402	250	Filing a brief in support of an appeal		
1403	1000	2403	500	Request for oral hearing		
1451	1510	1451	1,510	Petition to institute a public use proceeding		
1452	500	2452	250	Petition to revive – unavoidable		
1453	1500	2453	750	Petition to revive – unintentional		
1501	1400	2501	700	Utility issue fee (or reissue)		1,400.00
1502	800	2502	400	Design issue fee		
1503	1100	2503	550	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	60	Processing fee for provisional applications		
1808	180	1808	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))		
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))		
1801	790	2801	395	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify): <u>Publication Fee</u>						300.00
Other fee (specify): <u>5 copies of Issued Patent @ \$3.00/each</u>						15.00
SUBTOTAL (3)						(\$) 1,715.00

*Reduced by Basic Filing Fee Paid

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

 Name (Print/Type): Luke A. Kilyk
 Signature:
 Registration No. (Attorney/Agent): 33,251
 Telephone: 1-540-428-1701
 Date: February 4, 2005

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 Kim Blum
 Name (Print)

 Signature
